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LETTER TO THE EDITOR

THE CLINICAL TEACHER

Telesimulation in medical education: facilitating diversity

The telestimulation article by Diaz and Walsh[1] provided insightful commentary that opens up further discussion. Telesimulation facilitates active distance-learning, familiarity with technology and scenario flexibility, all key features of the modern medical curriculum. Building on this, I propose that it may also be crucial in addressing a key weakness in medical curricula: diversity.

Demographics in traditional bedside teaching are limited by patient availability, while models are manufactured with little demographic variation. Telesimulation offers the opportunity to broaden the scope of patient demographics using clinical staff, trained actors and even virtual patients generated via artificial intelligence (AI). This can provide students with immersive experiences encompassing varied patient characteristics. Furthermore, AI virtual patients theoretically provide limitless diversity potential and can be tailored to individual student needs.

The traditional medical curriculum has undergone recent challenges to address long-standing issues of race, sex, gender and other protected characteristics. Two key issues—representation and bias—could be effectively addressed through telesimulation, providing a safe environment for students to experience diverse patients and reflect on biases. This could form an adjunct to a primary learning outcome or serve as the main focus, such as a focused history and examination of a black and minority ethnic (BME) patient.

From increased vaccine hesitancy in BME populations to higher rates of maternal mortality,[2] historical diversity issues still plague health care. However, by addressing past shortcomings we can provide a more realistic representation of the current population. Telesimulation provides an elegant opportunity to do this, while also aligning with technological demands of post-pandemic education.

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